

**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
STATE LABORATORY INSTITUTE
LABORATORY PERSONNEL QUALIFICATION APPRAISAL**

NAME (Last, First, Middle)

DATE OF HIRE

LABORATORY

SUPERVISOR'S NAME

CLIA SPECIALTY

DATE OF NEW EMPLOYEE ORIENTATION

CLIA SUBSPECIALTY

HEPATITIS B IMMUNIZATION OFFERED?
YES _____ NO _____

CLIA POSITION TITLE
____ Director
____ Clinical Consultant
____ Technical Supervisor
____ General Supervisor
____ Testing Personnel

SLI FUNCTIONAL TITLE
____ Director
____ Chief
____ Supervisor
____ Bacteriologist
____ Chemist
____ Technician

EDUCATION: High School Graduate or equivalent: _____ YES _____ NO

COLLEGE, UNIVERSITY OR OTHER SCHOOLS(S) ATTENDED:

NAME AND ADDRESS OF INSTITUTION	ATTENDED FROM TO.	MAJOR	DEGREE, DIPLOMA OR CERTIFICATE (Include month and year conferred)
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VERIFICATION OF DEGREE, DIPLOMA, CERTIFICATE AND TRANSCRIPT OF GRADES IS REQUIRED

CLINICAL LABORATORY TRAINING (each training period fulfilling or partially fulfilling a Degree, Diploma or Certificate)

NAME AND ADDRESS OF INSTITUTION conferred)	ATTENDED FROM TO	MAJOR/ PROGRAM	DEGREE, DIPLOMA OR CERTIFICATE (include month and year
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LICENSE, CERTIFICATION OR REGISTRATION

NAME OF GRANTING AGENCY	LICENSURE/CERTIFICATION OR REGISTRATION TITLE	GRANTED		LICENSE, CERTIFICATE OR REGISTRATION #
		MO	YR	

(Verification of Board Eligibility may be requested.)

CLINICAL LABORATORY EXPERIENCE

Experience in the following														
NAME AND ADDRESS OF LABORATORY OR INSTITUTION – BEGIN WITH MOST RECENT EMPLOYMENT. ANY GAPS IN EMPLOYMENT WILL BE ASSUMED TO BE NON-CLINICAL LABORATORY WORK PERIODS.	PERIOD EMPLOYED				POSITION(S) HELD	MICROBIOLOGY	IMMUNOLOGY	CHEMISTRY	PARASITOLOGY	MYCOLOGY	MYCOBACTERIOLOG	VIROLOGY	MOLECULAR	OTHER
	FROM		TO											
	MO	YR	MO	YR										

REMARKS: (Add information pertinent to your education, training, employment, etc. not included above.)
